

ISSUE SLIP STAPLE AREA (For additional cross references)

PCP	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	5/30
FORMALITY REVIEW	B2	TC3-883	07-11-01
RESPONSE FORMALITY REVIEW	95	573	09-12-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 -/- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	2/20/02
2	2/20/02
3	2/20/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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7/1/02  
 7/1/02  
 7/1/02